



# REQUEST FOR CREDIT/REFUND PROGRAMS & FACILITIES JAMES CITY COUNTY PARKS & RECREATION

PARTICIPANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ TYPE OF CLASS \_\_\_\_\_

REASON FOR CREDIT/REFUND \_\_\_\_\_

CREDIT ☐ REFUND ☐ (3 weeks to process) CLASS # \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

CSA INITIALS \_\_\_\_\_

\*\*\*\*\*  
**FOR OFFICE USE ONLY:**

REQUEST APPROVED ☐ REQUEST DENIED ☐ REASON: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\$ \_\_\_\_\_  
AMOUNT OF CREDIT/REFUND

\*To check on the status of your request please contact:

Dolores Durling at (757) 259-5414 or [Dolores.Durling@jamescitycountyva.gov](mailto:Dolores.Durling@jamescitycountyva.gov).